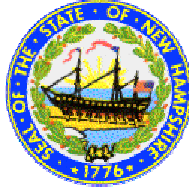


# STATE OF NEW HAMPSHIRE



Richard M. Flynn  
Commissioner of Safety

DEPARTMENT OF SAFETY  
DIVISION OF MOTOR VEHICLES  
JAMES H. HAYES SAFETY BUILDING  
10 HAZEN DRIVE, CONCORD, NH 03305  
TDD Access: Relay NH 1-800-735-2964

Virginia C. Beecher  
Director of Motor Vehicles

## DRIVER EDUCATION ACCIDENT REPORT

A motor vehicle accident involving a student driver in a driver education vehicle shall be reported to the Supervisor of Driver Education at the Division of Motor Vehicles within 48 hours (SAF-C 3112.01). In addition to this report, a motor vehicle accident that meets the reporting requirements of RSA 264:25, i.e.: causing death, personal injury or a combined vehicle/property damage in excess of \$1000.00 must be reported in writing to the Division within 15 days.

DATE OF ACCIDENT	DAY OF WEEK	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	CITY / TOWN
NUMBER OF VEHICLES <input type="text"/>	DID POLICE INVESTIGATE ACCIDENT AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE DEPARTMENT	

### 1. Driver Education Vehicle

- School Name \_\_\_\_\_
- Instructor's Name (in car at time of accident) \_\_\_\_\_
- Operator's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ Type \_\_\_\_\_
- Vehicle Owned By \_\_\_\_\_
- Registration Plate Number \_\_\_\_\_

### 2. Other Vehicle(s) - - - attach additional sheets if needed

- Owner's Name \_\_\_\_\_
- Owner's Address: Street \_\_\_\_\_  
City / Town \_\_\_\_\_ State \_\_\_\_\_
- Operator's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Operator's Address: Street \_\_\_\_\_  
City / Town \_\_\_\_\_ State \_\_\_\_\_
- Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ Type \_\_\_\_\_
- Registration Plate Number \_\_\_\_\_ State \_\_\_\_\_

**3. Persons Injured in Driver Education Vehicle:**

Name _____	Address _____
_____	_____
_____	_____

**4. Persons Injured in Other Vehicle(s):**

Name _____	Address _____
_____	_____
_____	_____

**5. Pedestrian Injury:**

Name _____	Address _____
_____	_____

**6. Damage to Driver Education Vehicle:**

**7. Damage to Other Vehicle:**

**8. Brief Description of Accident including Diagram:**

**Signature of Instructor** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail Completed Report to: N.H. Department of Safety  
Division of Motor Vehicles  
Driver Education Section  
10 Hazen Drive  
Concord, New Hampshire 03305

